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An
Inaugural Dissertation
On
Bilious Colic.

By William D. Baldwin, of Virginia.

Read March 24th 1827
W. D. B.

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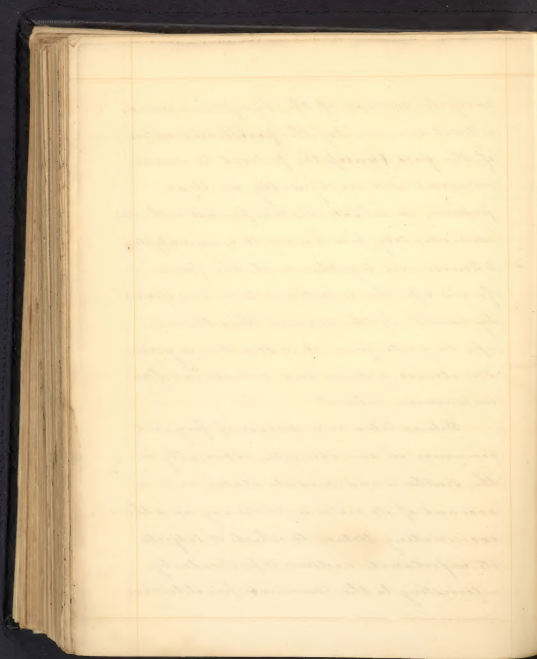
On Bilious Colic.

This disease which is ranked by Cullen among the varieties of Spasmodic Colic is thus described by Sydenham.

- 1st A violent and intolerable pain of the bowels attends it, which sometimes seem to be tied together, and at others closely pursed up and bored through, as it were, with a sharp pointed instrument; the pain abates between whiles, but immediately returns again, 2. In the beginning the pain is not so certainly fixed in one place, as in the progress of the disorder. 3. The vomiting is less frequent and the belly is more easily moved by purgatives; 4. but as the pain increases it becomes more obstinately fixed in one place. 5. frequent vomiting succeeds, and the belly is more costive, till at length the

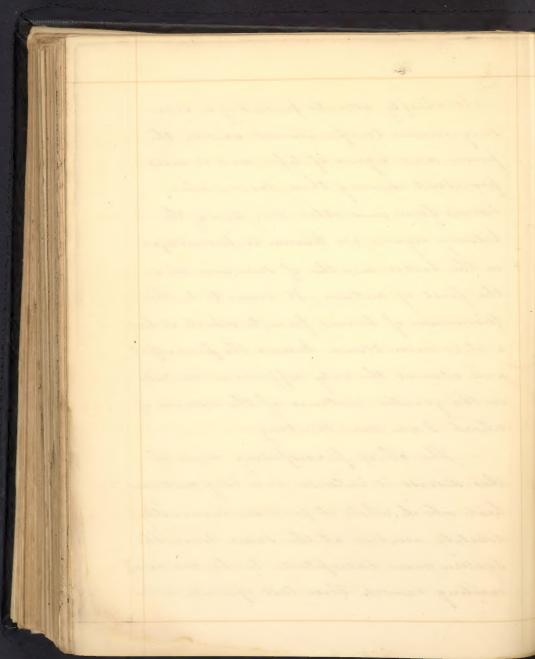
excessive violence of the symptoms occasions a total inversion of the peristaltic motion of the guts (unless the patient be sooner relieved) and consequently an iliac passion, in which distemper all cathartics immediately become emetic, and glysters likewise, are together with the faeces forced up the intestinal tube and ejected by vomit. If the matter thus thrown up, be quite pure it is sometimes green, sometimes yellow and sometimes of an uncommon colour"

Bilious Colic is a disease of frequent occurrence in our climate, especially in the Southern and Middle States, and on account of its violence, obstinacy and the excruciating torture to which it subjects its unfortunate victims, is particularly interesting to the American practitioner.



It chiefly attacks persons of a bilio-sanguineous temperament, and in the prime and vigour of life, and is most prevalent during those seasons when bilious fever and other disorders of the biliary organs are known to prevail, as in the latter months of summer and the first of autumn. It seems to be the forerunner of bilious fever, to which it has a close resemblance. Indeed the principal, and almost the only difference, consists in the greater violence of the disease of which I am now treating.

The chief predisposing cause of this disease is intense and long continued heat, which, while it produces indirectly debility, renders at the same time the system more susceptible to the common exciting causes. These last operate either

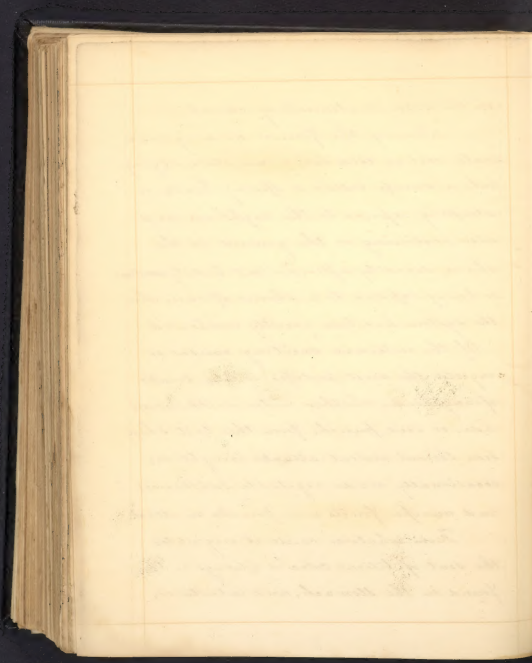


on the skin or alimentary canal.

Among the former we may enumerate cool or cold air, or moisture, as going into a damp cellar or spring house, or sleeping exposed to the night air, and also reclining on the ground in the shade directly after violent bodily exertion, or being exposed to a shower of rain when the system has been greatly overheated.

Of the internal exciting causes or ingesta, the most prolific is cold drinks of any kind, whether water, milk, lemon-ade, or iced punch; from this last I have seen several violent attacks brought on; occasionally crude regitable substances and unripe fruits will provoke an attack.

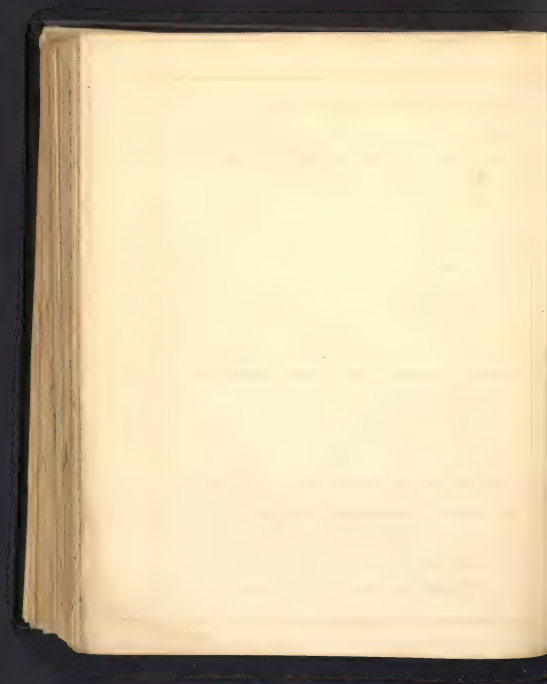
From whatever cause it originates, the seat of bilious colic is always to be found in the stomach, and intestines,



especially the small ones. The liver is often engorged and secretes imperfectly, but the derangement of this organ is secondary to that of the alimentary canal.

We are informed by some authors whose opinions are perhaps entitled to some attention, that there is a direct sympathy between the skin and liver in virtue of which if the former be overexcited by heat and weakened by excess of its perspiratory function, the latter will be deranged in a corresponding manner. Johnson though he is not the first who noticed this sympathy calls it cutaneo-hepatic. Might we not with as much or more propriety consider the liver as mediately affected by the state of the skin through the medium of the stomach, and small intestines?

Be this as it may, we find on dissection



that the stomach is inflamed, and the same appearances are exhibited in the duodenum and in the vicinity of the ileo caecal valve or at the lower portion of the ileum. The liver at times is much enlarged and at other times presents a healthy appearance.

We must then, from a consideration of these facts together from the symptoms, conclude, that this disease is not dependant on an excessive or vitiated biliary secretion, but that this is only one of the effects of the primary affection.

The gastro intestinal view of the disease is more useful, as it will lead us to an attentive examination of the variety of causes and the corresponding modification in the treatment. Thus if an attack follow the eating of crude unripe fruit or vegetable substances we shall have less hesitation in giving an emetic, whereas



if it proceed from obstructed perspiration we shall resort more readily to the warm bath and opiates. By the first mode of practice we shall carry off the offensive cause by the second we shall restore the function of the skin by both we relieve the alimentary canal. But still keeping in view the distress and pain in the part, the hard corded pulse, all indicating inflammatory action, and remembering the appearances exhibited on dissection we will not fail to draw blood freely and frequently.

It is not philosophical to confine ourselves to a few remedies, when many, each possessing peculiar powers, are placed at our disposal. It will not, I hope, be considered presumption if I say, that by the early and liberal use of the lancet, by the administration of opium and the warm bath, we can



generally overcome the violence of the first attack, and place the patient out of imminent danger. The pain is so acute and the spasms so alarming that it becomes necessary to administer opium liberally, at the same time that we place the patient in a warm bath and are drawing blood from the arm.

Having by these means moderated the violent spasmodic affection, and allayed the gastric irritability, we resort to such medicines as will evacuate the alimentary canal, remembering the observation of Sydenham that cathartics are in such cases liable to become emetics, and that the stomach and intestines are, if not actually inflamed, at least in a condition approximating to phlogosis, we shall be tempted to resort to those purgatives that are least irritating. Foremost on the list of these I may



confidently place calomel, after which if it is tardy in its operation, we may give opium, salts, castor oil, or magnesia. If free venesections have been premised there will be less objection to our continuing opium with the calomel in the proportion of one or two grains of the former with ten or fifteen of the latter. The relief following the free evacuation of the bowels will be our guide as to the repetition of purging.

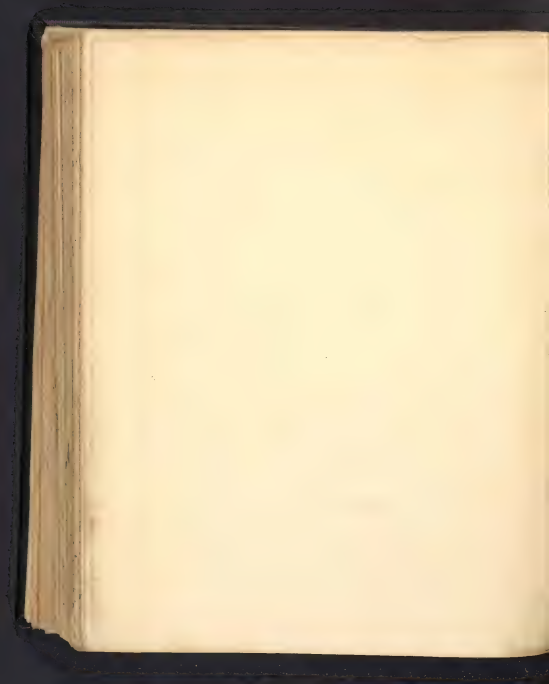
Should there still be much tenderness of the abdomen, and heat and thirst after the cessation of the spasms, and the restoration of the above evacuations, we shall not of course hesitate to draw more blood either by venesection if the pulse will allow of it, or by leeching or cupping; the former is to be preferred in the affections of the abdominal cavity, whenever we have this means at our disposal.



The repetition of this operation will be indicated by the continuance of the pain, and gastric distress. After the employment of these means we may advantageously resort to the saline diaphoretics, such as the acetate of potash or neutral mixture, or the neutral salts in minute doses with or without antimony according to the state of the stomach.

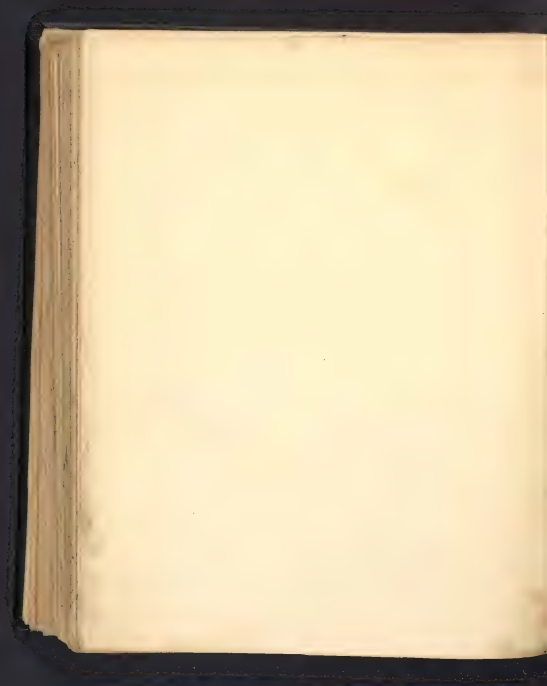
Should this organ still continue irritable and the abdomen tender and painful to the touch, a blister ought to be applied over the whole of the abdomen, and kept discharging for some time. This is more particularly demanded when the first period of the disease has passed, and when after a partial subsiding of the symptoms there is a fresh exacerbation, and return of fever and pain.

The remission in bilious colic is often a very treacherous pause followed by alarming



disorder and too often death. Here we are
very properly required to attend, not so much
to the pulse, as to the integrity of the functions
of the stomach and bowels which is shown
by the former retaining well medicines and
drinks, and the latter performing their
peristaltic^{action}, and discharging freely their
contents, and both being free from pain.

If the reverse of these favourable symptoms
be met with, and the stomach be irritable,
and the bowels attacked with pain and spasm,
if they are restless or moved with difficulty in
the second stage of this disease we should
not hesitate to give calomel in the blue pill
freely so as to put the system under the
mercurial influence when this is once
accomplished we may consider our patient
safe, and free from a recurrence of the malady.
If the state of the stomach did not justify



it ipecacuanha might be added to the calomel in the proportion of half a grain to a grain of the former with one to two grains of the latter every two or three hours. But when the stomach is irritable and we have depleted freely, much doses of opium might be given with the calomel by this means aided by the vapour bath we shall produce diaphoresis, and consequently greatly relieve the intestines while we are at the same time obtaining the alterative effects of the mercury.

During the whole progress of the disease we ought to bear in mind the good effects obtained from enemata. At first when the spasms are violent and the stomach unable to retain medicines, injections of laudanum in simple mucilage will have a very soothing effect, afterwards when the bowels are slow to be acted upon by purgative medicines

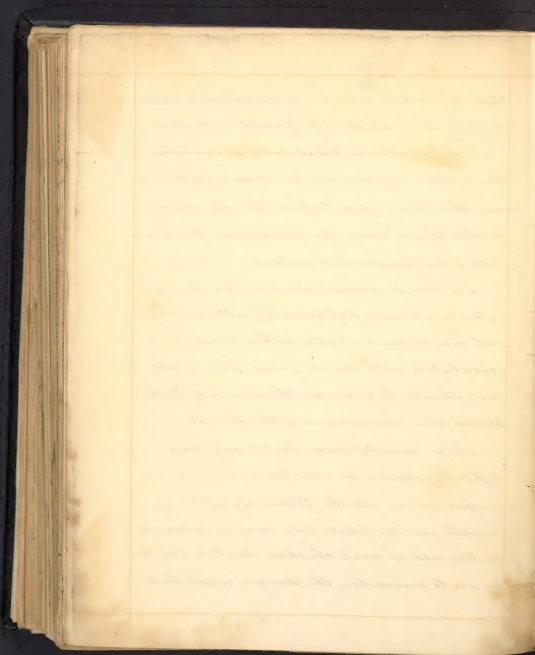


their operation will be accelerated by saline or oleaginous clysters frequently repeated.

And finally, in the second stage when the system is becoming weak and enfeebled, and the bowels still torpid, the *Spiritus terbinthina* may be introduced per-anum with some convenient vehicle.

The drinks should be herb tea, as sage balm, mint and peppermint, alternating with rice or barley water either plain or acidulated with lemon juice. This is all that should be given in the shape of food during the continuance of the disease.

After convalescence begins, sage and tapioca should be used first, and in proportion as all the febrile symptoms vanish, greater liberality may be allowed in the use of weak chicken broth or beef tea, we are to remember, the danger is not that



the patient will suffer from inanition, but
from premature repletion.

Relapses to which persons who have once
had bilious colic are so liable, will be
prevented by rigid attention to diet, avoiding
all crude food, unripe fruits, sweet wines,
badly fermented liquors, raw whiskey or
brandy, or any distilled or vinous drinks
except in small quantities, ^{and by} being particularly
careful to guard against obstructed perspiration
or cold and wet feet.

I could say much more on this subject
if I were to indulge in speculations and give
the opinions of different authors; but I have
preferred venturing on this brief practical
outline of the disease, in the hope, that it will
be received with that indulgence which my
limited experience and want of time to devote
to it, force me to claim from those who are to become its judges.

